



**To: Prospective Applicants for a Water Discharge Permit
for Barge Cleaning and/or Repair Facilities**

Attached is a **Barge Cleaning &/or Repair General Permit Application, WPC-3**, for a Louisiana Pollutant Discharge Elimination System (LPDES) permit, authorized under EPA's delegated NPDES program under the Clean Water Act. To be considered complete, every item on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

Three copies (one original and two copies) of your **completed application**, each with a marked **U.S.G.S. Quadrangle map** or equivalent attached, should be submitted to:

Department of Environmental Quality
Office of Environmental Services
Post Office Box 4313
Baton Rouge, LA 70821-4313
Attention: Permits Division

Please be advised that completion of this application may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD
Office of Highways
Post Office Box 94245
Baton Rouge, LA 70804-9245
(225) 379-1301

AND

Louisiana DHH
Office of Public Health
6867 Bluebonnet Road, Box 7
Baton Rouge, LA 70810
(225) 765-5044

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DHH, Office of Public Health at the address above.

A copy of the LPDES regulations may be obtained from the Department's website at <http://www.deq.state.la.us/planning/regs/index.htm> or by contacting the Office of Environmental Assessment, Regulations Development Section, Post Office Box 4314, Baton Rouge, Louisiana 70821-4314, phone (225) 219-3550.

If you have any questions, please contact DEQ at (225) 219-3181.

Date _____
Agency Interest No. AI _____
LWDPS Permit No. WP _____
NPDES/LPDES Permit No. LA _____

Please check: ☐ Initial Permit
☐ Permit Modification
☐ Permit Renewal
☐ Existing Facility

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Environmental Services, Permits Division
Post Office Box 4313
Baton Rouge, La 70821-4313
PHONE#: (225) 219-3181

**LPDES NOTICE OF INTENT TO DISCHARGE WASTEWATER FROM
BARGE CLEANING AND/OR REPAIR FACILITIES**

(Attach additional pages if needed.)

Notice of Intent to the Department of Environmental Quality (DEQ) may be submitted on either of the following:

1. Appropriate EPA National Pollutant Discharge Elimination System (NPDES) Application: Form 1 and one of the following appropriate forms: Form 2C, Form 2D, Form 2E, or Form 2F *plus* Section IV & 1701 SECTION of Department of Environmental Quality Form SCC-2, or
2. Department of Environmental Quality Form WPC-3.

SECTION I - FACILITY INFORMATION

A. Permit is to be issued to the following: (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

1. Legal Name of Applicant/Owner
(Company, Partnership, Corporation, etc.) _____

Facility Name _____

Mailing Address _____

_____ Zip Code: _____

If applicant named above is not also the owner, state owner name, phone # and address.

Please check status: ☐ Federal ☐ Parish ☐ Municipal
☐ State ☐ Public ☐ Private ☐ Other: _____

2. Location of facility. Please provide a specific street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the application is being submitted.

City _____ Parish _____

Front Gate Coordinates:

Latitude- _____ deg. _____ min. _____ sec. Longitude- _____ deg. _____ min. _____ sec.

Method of Coordinate Determination: _____

(Quad Map, Previous Permit, website, GPS)

Is the facility located on Indian Lands? ☐ Yes ☐ No

SECTION I - FACILITY INFORMATION (cont.)

3. Name & Title of Contact Person at Facility _____
Phone _____ Fax _____ e-mail _____
SIC (Standard Industrial Classification) Code(s): _____
SIC codes can be obtained from the U. S. Department of Labor internet site at <http://www.osha.gov/oshstats/sicser.html>

B. Name and address of responsible representative who completed the application:

Name & Title _____
Company _____
Phone _____ Fax _____ e-mail _____
Address _____

C. Facility Information.

1. Facility Type _____ (barge cleaning, barge repair)
Ratio of barge repair to barge cleaning business _____

2. Water Discharge Permit Revision (if applicable): Describe the requested revision to the existing permit.

3. Provide the anticipated date of start-up for a new facility or discharge, or change in effluent for modification of an existing facility.

D. Facility Operations

1. What type(s) of barges are cleaned at this facility? (i.e., open top, tank, chemical, dry cargo)

2. Are other vessels/equipment cleaned at this facility? If yes, explain.

3. Does any sandblasting occur at this facility? If yes, explain.

SECTION I - FACILITY INFORMATION (cont.)

E. Barge Information

1. For each type of barge cleaned, provide the following information: (make additional copies if necessary)

Number of different barge types: _____

Barge Type _____

- a) Describe the processing operation for each category of cargo (edible products, organic chemicals, petroleum products, inorganic chemicals, dry cargo, grain, aggregate, meal products, scrap iron, coal and coke, fertilizers [urea, potash, ammonium nitrate], etc.) the barge has transported. What is the step-by-step handling of the barge washwaters up to and including discharge?

- b) What is the disposition of recovered cargo (include any sales, indicate to what company, location, etc.)?

- c) What is the maximum number of barges cleaned per day of this type?

- d) What is the average number of barges cleaned by type and cargo during your peak period?

- e) What is the average number of barges cleaned by type and cargo during the last twelve months?

- f) How many hours per day and days per week is this facility operated?

SECTION I - FACILITY INFORMATION (cont.)

3. If discharges are intermittent or seasonal, list months of greatest activity, average number of days per week of operations during those months, and maximum daily and long-term average discharge flow rates.

4. Are any other types of containers, vessels, tanks, etc. cleaned at this facility? ☐ Yes ☐ No
If "yes", list each type, with the cargo materials involved. Complete a Section III - WASTEWATER INFORMATION, for each type.

5. Toxicity Data. List any bioassay tests conducted on the effluent from the facility. Provide a summary of the results.

6. List each commodity that is cleaned from barges. Make sure every commodity is listed, even those anticipated to be cleaned from barges in the future (include this listing as an attachment to this form, if necessary)

7. Describe solid waste materials disposed of separately from the wastewater. Describe disposal facilities (company, location, method of disposal, etc.)

8. Are any washwaters sent to disposal facilities? If yes, describe the materials, company, location, method of disposal, etc.

SECTION II - DISCHARGE INFORMATION

A. Storm water: Complete the following for all storm water discharges. (Make additional copies if necessary.)

1. Are storm water discharges covered by either the Baseline or Multi-Sector Storm Water General Permit?

☐ Yes ☐ No If yes, provide the permit number:

Number of Storm water discharges: _____

Discharge Identification (ex. Storm water Outfall 001): _____

1. Acreage. For all outfalls that convey storm water only or that include storm water combined with other waste streams, give the area drained by the outfall in acreage, extent of impervious surfaces (paved areas, rooftops), and describe the activities that occur in that area.

2. List all chemicals and petroleum products stored outside and provide a description of the containment area.

3. Describe all significant materials that are currently or have in the past three years been treated, stored, or disposed of in a manner to allow exposure to storm water. List the method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

4. Provide information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak and the type and amount of material released.

5. Describe the evaluation method(s) for determining the presence of non-storm water discharges in storm water outfalls named in this NOI. For any storm water outfall covered by this NOI, the signature on page 11 constitutes certification that the outfalls have been tested or evaluated for the presence of non-stormwater discharges, and that all non-stormwater discharges from these outfall(s) are identified in this NOI. Refer to LAC 33:IX.2511.C.1.a.iii.

SECTION II - DISCHARGE INFORMATION (cont.)

- C. Complete this section for each discharge outfall.** Outfalls are discharge points. An external outfall is a discrete discharge point beyond which the waste stream receives no further mixing with other waste streams prior to discharging into a receiving waterbody. An internal outfall is an outfall for a waste stream that combines with other waste stream(s) before discharging into an "external" outfall. Please provide your after-treatment test results in the units asked for on the NOI. For proposed facilities, estimates should be provided for any expected contaminants even though the facility is not in place yet.

Provide a description of all operations contributing wastewater to the effluent for the outfall including process wastewater, sanitary wastewater, cooling water, and storm water runoff; the average flow contributed by each operation; and the treatment received by the wastewater. Use additional sheets if necessary.

Total number of outfalls: _____

1. Outfall Identification (ex. Outfall 001 – sanitary wastewater – 5,000 gpd)

| Outfall No. | Operation Contributing Flow | Average Flow (gpd) |
|-------------|-----------------------------|--------------------|
| | | |

2. Outfall Location. Provide a description of the physical location for the outfall.

3. Latitude/Longitude of Discharge:

Latitude- ____ deg. ____ min. ____ sec. Longitude- ____ deg. ____ min. ____ sec.

Method of Coordinate Determination: _____

(Quad Map, Previous Permit, website, GPS)

4. If a new discharge, when do you expect to begin discharging? _____
5. Indicate how the wastewater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available.

By _____ (effluent pipe, ditch, etc.);

thence into: _____ (parish drainage ditch, canal, etc.);

thence into: _____ (named bayou, creek, stream, etc.);

thence into: _____ (river, lake, etc.).

6. Except storm water, if any of the applicant's discharges are intermittent or seasonal, please complete the following table.

| Frequency of Flow (average) | | | Flow Rate (mgd) | |
|-----------------------------|---------------------|---------------------|-----------------|---------------|
| Number of Mo./Year | Number of Days/Week | Number of Hours/Day | Long Term Avg. | Daily Maximum |
| | | | | |

7. Treatment Method. Please be specific.

SECTION III – LABORATORY ANALYSIS

- A. Lab Analysis.** Make additional copies as necessary. Sampling and analytical protocols must conform to the requirements in LAC 33:IX.Chapters 25 and 65, and 40 CFR Part 136; when no analytical method is approved, the applicant may use any suitable method but must provide a description of the method. For storm water discharges, indicate date & duration of storm event sampled, total inches of precipitation, and number of hours since the end of the previous storm event that was greater than 0.1 inches.

Complete this section for each outfall. Complete this section for each pollutant, unless the applicant demonstrates a waiver for that pollutant is appropriate.

1. Sanitary Wastewater

Number of Sanitary Wastewater outfalls: _____

For discharges of *treated sanitary wastewater*, complete the table below. (Proposed facilities shall have up to two years from commencement of operations to complete and submit the information below. An estimate based on engineering calculations and/or knowledge may be submitted in the interim.):

Outfall Number: _____ Description: _____

Provide the sampling basis for the information supplied (i.e., one time grab sample, one day composite sample, 10 grab samples on separate days, etc.)?

| Pollutant | Effluent Analysis | | | |
|--------------------------------|----------------------|--------------------------|-------------------------|-------------------|
| | Concentration (mg/l) | | Mass (lbs/day) | |
| | Monthly Average | Daily Maximum | Monthly Average | Daily Maximum |
| BOD ₅ | | | | |
| TSS | | | | |
| Fecal Coliform Colonies/100 ml | | | | |
| | Daily Maximum | Monthly Average Maximum* | Monthly Average Minimum | Method of Measure |
| Flow (GPD) | | | | |
| | Minimum | Maximum | | |
| Discharge Duration (hrs/day) | | | | |
| pH (SU) | | | | |

- * Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

SECTION III – LABORATORY ANALYSIS (cont.)

2. Washwaters from barges containing edible products or coal and coke, runoff from storage areas.

Number of outfalls: _____

For discharges of *washwaters from barges containing edible products or coal and coke, runoff from storage areas*

NOTE: Testing is NOT required for grain barges. complete the table below. (Proposed facilities shall have up to two years from commencement of operations to complete and submit the information below. An estimate based on engineering calculations and/or knowledge may be submitted in the interim.):

Outfall Number: _____ Description: _____

Provide the sampling basis for the information supplied (i.e., one time grab sample, one day composite sample, 10 grab samples on separate days, etc.)?

| Pollutant | Effluent Analysis | | | |
|------------------------------|----------------------|--------------------------|-------------------------|-------------------|
| | Concentration (mg/l) | | Mass (lbs/day) | |
| | Monthly Average | Daily Maximum | Monthly Average | Daily Maximum |
| BOD ₅ | | | | |
| TOC | | | | |
| TSS | | | | |
| Oil & Grease | | | | |
| | Daily Maximum | Monthly Average Maximum* | Monthly Average Minimum | Method of Measure |
| Flow (GPD) | | | | |
| | Minimum | Maximum | | |
| Discharge Duration (hrs/day) | | | | |
| pH (SU) | | | | |

* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

SECTION III – LABORATORY ANALYSIS (cont.)

3. Washwaters from barges containing petroleum products or chemical products, and water from slop tanks.

Number of outfalls: ____

For discharges of washwaters from barges containing petroleum products or chemical products, and water from slop tanks NOTE: Testing is NOT required for grain barges, complete the table below. (Proposed facilities shall have up to two years from commencement of operations to complete and submit the information below. An estimate based on engineering calculations and/or knowledge may be submitted in the interim.):

Outfall Number: _____ Description: _____

Provide the sampling basis for the information supplied (i.e., one time grab sample, one day composite sample, 10 grab samples on separate days, etc.)?

| Pollutant | Effluent Analysis | | | |
|---|--|-----------------------------|----------------------------|----------------------|
| | Concentration (mg/l) | | Mass (lbs/day) | |
| | Monthly Average | Daily Maximum | Monthly Average | Daily Maximum |
| BOD ₅ | | | | |
| TOC | | | | |
| COD | | | | |
| TSS | | | | |
| Oil & Grease | | | | |
| Priority Pollutants (excluding pesticides) | See attached Table I. Use separate sheet to report. | | | |
| Hazardous Substances | See attached Table II. Use separate sheet to report. | | | |
| | Daily Maximum | Monthly Average Maximum* | Monthly Average Minimum | Method of Measure |
| Flow (GPD) | | | | |
| | Minimum | Maximum | | |
| Discharge Duration (hrs/day) | | | | |
| pH (SU) | | | | |

* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

SECTION III – LABORATORY ANALYSIS (cont.)

B. Laboratory Accreditation

If any of the analysis reported above were performed by a contract lab or consulting firm, provide the firm name, address, phone number and pollutants analyzed.

Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.

Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.

Regulations on the Environmental Laboratory Accreditation Program and a list of labs that have applied for accreditation are available on the department website located at:

<http://www.deq.state.la.us/laboratory/index.htm>.

Questions concerning the program may be directed to (225) 765-2405.

SECTION IV – COMPLIANCE HISTORY

- A. Report the history of all violations and enforcement actions for the facility, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses for the last three years. Using a brief summary, report on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved within the past 3 years or currently pending. The state administrative authority may choose, at its discretion, to require a more in-depth report of violations and compliance actions for the applicant covering any law, permit, or order concerning pollution at this or any other facility owned or operated by the applicant.

SECTION V – LAC 33.I.1701 REQUIREMENTS

- A. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

☐ Permits in Louisiana. List Permit Numbers: _____

☐ Permits in other states (list states): _____

☐ No other environmental permits.

- B. Do you owe any outstanding fees or final penalties to the Department? ☐ Yes ☐ No

If yes, please explain. _____

- C. Is your company a corporation or limited liability company? ☐ Yes ☐ No

If yes, attach a copy of your company's Certificate of Registration and/or Certificate of Good Standing from the Secretary of State.

SECTION VI – MAPS/DIAGRAMS

- A. Site Diagram.** Attach to this application a complete site diagram of your facility demonstrating how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Indicate stormwater flow pattern on this diagram or provide additional diagrams if needed. Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram.
- B. Topographic Map.** Attach to this application a map or a copy of a section of the map which has been highlighted to show the path of your wastewater from your facility to the first named water body. Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures, and any existing hazardous waste treatment storage or disposal facilities.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at www.map.ldeq.org or www.topozone.com. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road
Baton Rouge, LA 70802
(225) 379-1107
maps@dotd.louisiana.gov

- C. Flow Diagram.** Attach a line drawing of the water flow through the facility with a water balance showing operations contributing wastewater to the effluent and treatment units. The water balance must show average and maximum flows at intake and discharge points and between units, including treatment units. If a water balance cannot be determined, the applicant may provide instead a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. Hand drawn maps are acceptable.

SECTION VII – SITE HISTORY

- A.** Date operations began at this site: _____
- B.** Is the current operator the original operator? ☐ Yes ☐ No

If **no**, give a reverse chronological list of previous operators. Include the company name and telephone number (if available), and the dates through which the company operated this facility.

| Company | Dates of Operation | | Telephone Number |
|---------|--------------------|----|------------------|
| | From | To | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503.B, the following requirements shall apply to the signatory page in this application:

Chapter 25. Permit Application and Special LPDES Program Requirements

2503. Signatories to permit applications and reports

A. All permit applications shall be signed as follows:

1. For a corporation - by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:
 - (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
 - (b) The manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or
3. For a municipality, parish, State, Federal or other public agency - either a principal executive officer or ranking elected official. For the purposes of this Section a principal executive officer of a Federal agency includes:
 - (a) The chief executive officer of the agency, or
 - (b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).

B. All reports required by permits, and other information requested by the state administrative authority shall be signed by a person described in LAC 33:IX.2503.A, or by a duly authorized representative of that person. A person is a duly authorized representative only if:

1. The authorization is made in writing by a person described in LAC 33:IX.2503.A.
2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as a position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and
3. The written authorization is submitted to the state administrative authority.

C. Changes to authorization. If an authorization under LAC 33:IX.2503.B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of LAC 33:IX.2503.B must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.

D. Any person signing any document under LAC 33:IX.2503.A or B shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state permit application must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

The applicant for this permit hereby authorizes the Department of Environmental Quality to publish the public notice for a draft permit once in the appropriate newspaper(s). In accordance with LAC 33:IX.6521.A, the applicant agrees to be responsible for the cost of publication. The newspaper(s) is authorized to invoice the applicant directly.

Signature _____

Printed Name _____

Title _____

Date _____

Telephone _____

CHECKLIST

To prevent any unnecessary delay in the processing of your notice of intent to be covered under the general permit, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. ALL questions and requested information have been answered (N/A if the question or information was not applicable).
2. ALL required maps, drawings, lab analysis, and other reports are enclosed.
3. The appropriate person has signed the signatory page.
4. Please forward the original and two copies of this application and all attachments.

ANY APPLICATION THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. APPLICATION PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.

NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE APPLICATION BY THE PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.